



**Department of Health**  
Developmental Disabilities Division  
Developmental Disabilities Services Branch

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

The State of Hawaii, Department of Health (DOH), Developmental Disabilities Division (DDD), Developmental Disabilities Services Branch (DDSB), is committed to protecting your health information. This Notice provides information on DDSB's legal responsibilities and privacy practices with respect to health information we collect and maintain about you. This Notice describes how your health information may be used or disclosed, how you may access this information, and your rights to privacy of this information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws.

DDSB is required to maintain the privacy of your health information by law, abide by the terms of this Notice currently in effect and provide you with a copy. Should there be a change in the DDSB's confidentiality practices, a new Notice will be mailed to you within sixty (60) days of the effective date of the change.

This Notice of Privacy Practices is effective as of April 14, 2003.

**I. Uses and Disclosures of Protected Health Information Permitted Without Authorization**

DDSB staff may use your protected health information (PHI) only for the following purposes unless DDSB obtains your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or by applicable federal or state law.

- **Treatment:** DDSB may use and disclose your health information to approve and/or deny treatment and to determine if your medical treatment is appropriate. For example, DDSB health care professionals review your treatment plan by your health care provider for medical need.
- **Payment:** DDSB may use and disclose your health information to pay for bills from health care providers and to determine your eligibility to participate in applicable DDSB programs. For example, your health care provider sends claims for payment to the Medicaid fiscal agent for payment of medical services provided to you.
- **Health Care Operations:** DDSB may use and disclose your health information to evaluate a health plan's performance. For example, DDSB staff may review purchase of service provider(s) and other facilities' medical records to check on the quality of care you received.

## II. Other Uses or Disclosures of Health Information by DDSB Permitted or Required by Law:

- **Minors:** In most situations, a parent or legal guardian has the right to act as the personal representative of their minor children. However in some situations, state laws treat minor as adults with respect to health care services. DDSB will follow applicable state laws regarding disclosure of a minor's PHI.
- **Informational purposes:** DDSB may mail or call to remind you of appointments or with helpful information such as health plan choices and program benefit updates, free medical exams and consumer protection information.
- **Other government agencies or organizations that provide benefits, services, or disaster relief:** DDSB may share information with other government agencies or organizations that are providing benefits or services when the information is necessary in order for you to receive those benefits or services.
- **Public health risk:** DDSB may disclose health information to the appropriate agencies for public health activities for disease control and prevention, problems with medical products or medications and also victims of abuse, neglect, or domestic violence as required by law.
- **Health oversight activities:** DDSB may use or disclose information to authorized government agencies and the Health and Human Services, Office of Civil Rights.
- **Judicial and administrative hearings:** DDSB may disclose specific health information in judicial proceedings as required by law.
- **Law enforcement purposes:** DDSB may disclose specific health information for law enforcement purposes as required by law.
- **Coroners, medical examiners, and funeral directors:** DDSB may disclose specific health information to the appropriate authorized persons to carry out their jobs as required by law.
- **Organ donation and disease registries:** DDSB may disclose specific health information to authorized organizations involved with organ donation and transplants, communicable disease registries and cancer registries.
- **Research purposes:** DDSB may disclose specific health information to entities authorized to conduct a research project.
- **To avert a serious threat to health, safety, or emergency situation:** DDSB may disclose specific health information to prevent a serious threat to a person's or the public's health or safety.
- **Specialized government functions:** DDSB may disclose health information for national security and intelligence and protective services for the President and others as required by law. Also, DDSB may disclose health information to the appropriate military authorities if you are or have been a member of the armed services.

- **Correctional institutions:** DDSB may disclose health information to correctional facilities or law enforcement officials to maintain the health, safety, and security of the corrections system.
- **Worker's compensation:** DDSB may disclose health information to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.

### III. Uses and Disclosures Requiring Your Authorization

Other than stated above (or as otherwise permitted or required by law), DDSB will not use or disclose your protected health information unless we receive your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization. Upon receipt of the written revocation, DDSB will stop using or disclosing your PHI.

### IV. Your Individual Privacy Rights with Respect to Your Protected Health Information

Your protected health information will not be shared without your permission except as described in this Notice or as required by law. You may authorize other disclosures and you may revoke the authorization (in writing) at any time. The DDSB has procedures in place to assist you with your rights to your health information and you may ask DDSB staff for a paper copy of this Notice.

#### You Have the Right to Request the following (in writing):

- **Limiting the use or disclosure of confidential information:** DDSB to limit the use or disclosure of your health information except for treatment, payment, and health care operations purposes. The DDSB is not required by law to agree to your request.
- **Confidential communications:** DDSB to communicate with you in a different way or at a different location. For example, you may request DDSB to contact you at a different mailing address or call you at a different telephone number.
- **Review of the confidential information maintained by DDSB:** To inspect or have a copy (for a fee) of any part of your designated record set maintained by DDSB by using the Consent for Release of Information Form available at the DDSB office.
- **Amend the confidential information maintained in the designated record set:** To change or add, in writing with the reason, information to your health record. However, the ORIGINAL documentation maintained by DDSB may not be erased.
- **Receive an accounting of permitted disclosures by DDSB:** To receive an accounting of disclosures of your health information except for routine purposes of treatment, payment, and health care operations, and disclosures required by law for purposes of national security or law enforcement.
- **Obtain a paper copy of the Notice by DDSB:** To receive, upon request, a paper copy of the Notice even if you agreed to receive it electronically.

**V. How to Get More Information and Contact Offices**

If you feel your privacy rights have been violated, you have a right to file a complaint. **There are no repercussions for filing a complaint.**

If you require more information or if you feel your privacy rights have been violated, you may contact:

DD Ombudsman Office  
2201 Waimano Home Road  
Pearl City, HI 96782  
Telephone: (808) 453-6669  
Fax: (808) 453-6244

You may also file a complaint to:

Department of Health and Human Services – Office of Civil Rights  
200 Independence Avenue, S.W., Room 509F  
Washington, D.C. 20201  
(877) 696-6775.

**Should you require assistance in understanding this Notice or prefer the Notice to be in another language, please call 453-6151.**